(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	}
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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## **COVER LETTER**

Tallahassee. FL 32314

TO: Registration Sc Division of Cor			
AC Cowbo			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Matthew Hancock		
	•	Name of Person	
	AC Cowboys LLC		
		Firm/Company	
	275 S US Hwy 1792		
		Address	<del></del>
	Longwood, FL 32750		
	office@accowboysfl.com E-mail address: (	City/State and Zip Code to be used for future annual report notific	cation)
For further information c	concerning this matter, please c	all:	
Matthew Hancock		407 808-2382	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration Sect	ion
Division of C	Corporations	Division of Corp	orations
P.O. Box 632	27	The Centre of Ta	uranassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

aability Company)		
were filed on $\frac{02/15/202}{}$	and assigned	
ility company here:		
lity Company," the designati	on "LLC" or the abbreviation "L.L.C."	
275 S US Hwy 1792		
Longwood, FL 32750		
·		
275 S US Hwy 1792		
Longwood, FL 32750		
address on our records	, enter the name of the new register	
	· content of the second of the	
	<u>.</u>	
Enter Florida street address		
City	, Florida Zip Code	
1.113	zip Code	
	-	
	275 S US Hwy 1792 Longwood, FL 32750  275 S US Hwy 1792 Longwood, FL 32750  address on our records	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
P	Matthew Hancock	275 S US Hwy 1792	
		Longwood, FL 32750	□Remove
			□Change
MGR	IGR North West Registered Agent	30 N Gould St	
		Suite N	■Remove
		Sheridan, WY 82801	□Change
			🗆 Add
			□Remove
			□Change
			□Add ,
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ffective date, if other than the an effective date is listed, the date in lote: If the date inserted in this becument's effective date on the local date on the local date on the local date.	block does not meet the appl	icable statutory filing t	(optional) e than 90 days after filing.) requirements, this date v	Pursuant to 605.020 vill not be listed as
record specifies a delayed effect: Lis filed.	ve date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
March 17	2024			
<del>u</del> .	Matthew Hancock Sither Mancock [Mai 18, 1024 15 01 EDT]			
<del></del>	Signature of a member or au	thorized representative of	l'a member	<del></del>

Filing Fee: \$25.00